

JAN 25 1940

Registration District No. 668

Primary Registration District No. 3082

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1509 S. Monticane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 65 yrs. 3
years, months or days)

3. (a) PRINT FULL NAME Mary Meyer Weller
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Daniel Weller 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 27, 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Herdorf, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____
12. Name Peter Meyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Lora
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Minnie
(b) Address Sedalia Mo. Route 1

17. (a) Buried (b) Date thereof Dec. 3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Balmer

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia

19. (a) 12-3-40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
(c) City or town Sedalia Balmer Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 69 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1940 hour 10 minute 0 M.
21. I hereby certify that I attended the deceased from Nov 30 to Nov 30, 1940
that I last saw him/her alive on Nov 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

906 While at work _____ (Specify type of place)
_____ (Specify type of place)

23. Signature W. H. Sneed (M. D. or other) _____

Address Amthlon Mo Date signed 12-3-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0
4
4

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 1-11-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.